

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St Marys
 City or town Mechanicsville Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys
 City or town Mechanicsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R 90 # 2
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

John J. Buckler

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Susie A. Buckler
 7. Birth date of deceased (mo., day, yr.) Aug 20 - 1871 6.(c) If alive, give age 74 years
 8. AGE: Years 77 Months 3 Days 22 If less than one day _____ hrs. _____ min.

9. Birthplace Mechanicsville St Marys Md
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business same

12. Name Gill Buckler

13. Birthplace St Marys Co

14. Maiden name Mollie L. Wick

15. Birthplace St Marys Co

16. Informant Healing Buckler

Address 4510 Walnut Ave S.E. Wash DC

17. Burial Date thereof Dec 13 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Joseph

Location Maryland

18. Funeral director W. C. Mattingsley Sons

Address Leonardtown Md

19. 12/12 48 Cavalier
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1948 at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from SEPTEMBER 1947 to DECEMBER 11 1948 and that I last saw H.M. alive on DECEMBER 11 1948

Immediate cause of death CEREBRAL HEMORRHAGE, RIGHT DURATION 18 HOURS

Due to ESSENTIAL HYPERTENSION UNKNOWN

Due to GENERALIZED ARTERIO-SCLEROSIS UNKNOWN

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

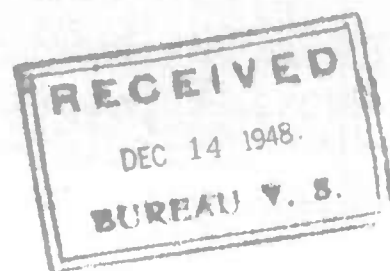
Where did injury occur? _____
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John H. Griffin M.D. M.D. or other

Address HUGHESVILLE, MD. Date signed 12/11/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH COUNTY St. Marys MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Pennsylvania COUNTY --	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Breton Bay		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Osceola Mills, Pa.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location) 1306 Sarah St.	
3. NAME OF DECEASED (Type or Print)	(First) James	(Middle) Freeman	(Last) BURNS
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 10-3-20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Petty Officer		10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy	9. AGE last birthday 28 yrs.
13. FATHER'S NAME Unknown		12. CITIZEN OF WHAT COUNTRY? Pennsylvania	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY No. 1942 to pres. --	
11. BIRTHPLACE (State or foreign country) Pennsylvania		14. MOTHER'S MAIDEN NAME Hazel Burns (Maiden name unknown)	
17. INFORMANT Official Naval Records			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) Drowning		
Antecedent cause(s) (b) (Declared missing on 12-18-48. Body recovered 2-9-49.)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION --	19b. MAJOR FINDINGS OF OPERATION --	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) Accident	PLACE (Home, farm, factory, street, office bldg, etc.) Breton Bay	(CITY OR TOWN) (COUNTY) (STATE) St. Marys Md.
TIME (Month) (Day) (Year) Dec. 18, 1948	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? Boat in which deceased was returning to shore from a duckblind capsized.

22. I hereby certify that I attended the deceased from **10 Feb. 1949**, to **12-18-48**, 19....., that I last saw the deceased **dead** on **10 Feb. 1949**, and that death occurred at **6:30 A.M.**, from the causes and on the date stated above.

SIGNATURE **Paul Vaughan** (Degree or title) **CAPT MC USN** ADDRESS **Dispensary, USNAS, Patuxent River, Md.** DATE SIGNED **2-10-49**

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE 2-10-49	NAME OF CEMETERY OR CREMATORY Osceola Mills, Pa	LOCATION (City, town, or county) (State) Osceola Mills Pa
DATE REC'D BY LOCAL REG. 2/10/49	REGISTRAR'S SIGNATURE Causell	24. FUNERAL DIRECTOR P. B. Johnson	ADDRESS Lebanon

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's
City or town Leonardtown Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 27 days
Hospital, institution, or street address where death occurred
St. Mary's Hospital
How long in hospital or institution? 27 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Mary's
City or town Leonardtown
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Lydias May Dixon

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
6.(b) Name of husband or wife Joseph Dixon
7. Birth date of deceased (mo., day, yr.) April 26 - 1871
6.(c) If alive, give age _____ years
8. AGE: Years 77 Months 8 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Land Gates St Mary's Maryland
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business same

12. Name Stephen H. Jones

13. Birthplace St Mary's Co

14. Maiden name Chloe

15. Birthplace St Mary's Co

16. Informant Raymond Dixon

Address Meekinsville Md

17. Burial Date thereof Dec 28 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt Zion

Location Leonardtown Md

18. Funeral director W. C. Mattingly Sons

Address Leonardtown Md

19. Dec 27 19 48 Leonardtown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 19 48 at 11 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 9 19 48 to Dec 26 19 48

and that I last saw her alive on Dec 26 19 48

Immediate cause of death _____ DURATION _____

Hypostatic pneumonia 2 days

Due to post-operative

Due to _____

Other conditions Carcinoma of Transverse colon, internal obstruction
(Include pregnancy within 3 months of death)

Major findings of operations Obstructive carcinoma of transverse colon Date of op. 12/21/48

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Julia I. Lawrence M. D. or other _____

Address Leonardtown Md Date signed 12/27/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS AT5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 29 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12786

1. PLACE OF DEATH:

County St Marys
City or town Leonardtown Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 days
Hospital, institution, or street address where death occurred:
St Marys Hospital
How long in hospital or institution? 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys
City or town Park Hall
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Donald James Green

3. (b) Social Security Number

4. Sex male 5. Color or race colored 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) July 10 - 1948 6.(c) If alive, give age _____ years

8. AGE: Years 4 Months 24 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Park Hall St Marys Maryland
(Town, county, and state)

10. Usual occupation Baby

11. Industry or business _____

12. Name Jon C. Green

13. Birthplace St Marys Co

14. Maiden name Jeannett Barnes

15. Birthplace St Marys Co

16. Informant Jeannett B. Green

Address Park Hall Md

17. Burial Date thereof Dec 5 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Green Fair Cemetery
Location Holmanville Md

18. Funeral director W C Matthews Sons
Address Leonardtown Md

19. 12/4 19 48 Carroll
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 19 48 at 12:30 pm

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov. 24 19 48 to Dec. 4 19 48

and that I last saw him alive on Dec 4 19 48

Immediate cause of death Lobar Pneumonia (left) DURATION 11 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W H Patrick MD M. D. or other _____
Address Lexington Park Md Date signed 12-4-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and intelligibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 159 12787 282

1. PLACE OF DEATH:

County St. MarysCity or town NAS, Patuxent River, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 hours

Hospital, institution, or street address where death occurred:

Naval Dispensary, US NAS, Patuxent River, Md.How long in hospital or institution? 20 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. MarysCity or town Patuxent River
(If outside city or town limits, write RURAL and give nearest town)Street No. 305 Suwanee, Patuxent Park, Md.
(If rural, give LOCATION)2.(a) If veteran, name war --

3. (a) FULL NAME

HAYES, Michael James

3. (b) Social Security Number

--

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

MaleWhite--6.(b) Name of husband or wife --6.(c) If alive, give age -- years7. Birth date of deceased (mo., day, yr.) 12-9-488. AGE: Years Months Days If less than one day
20 hrs. min.9. Birthplace Patuxent River, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Edward Francis Hayes13. Birthplace St. Louis, Mo.14. Maiden name Clare Elizabeth Dowd15. Birthplace Holyoke, Mass.16. Informant FatherAddress NAS, Patuxent River, Md.17. Burial Date thereof Dec-15-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Holyoke Mass

18. Funeral director

Address John A. Masterson, Jr., Supt19. Dec 19 19 48
(Date rec'd by registrar) Registrar Cummins

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 December 1948 at 9:10 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1:10 A.M. 12-9 to 9:10 P.M. 12-9 48and that I last saw him alive on 9 December 1948Immediate cause of death PrematurityDURATION
20 hrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE J.P. MORAN, CDR MC USN M, D, or otherAddress US NAS, Patuxent River, Md. Date signed 12-10-48

RECEIVED

DEC 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 12788

1. PLACE OF DEATH:

County St. Marys
 City or town Near Laurel Grove (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Julius Holt

3. (b) Social Security Number

4. Sex

M

5. Color or race

C

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Laura Holt

7. Birth date of deceased (mo., day, yr.)

Feb Jan 20 1871

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

771015

hrs.

min.

9. Birthplace

Chaplin St Marys Maryland
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Farmer

MOTHER FATHER

12. Name

Julius Holt

13. Birthplace

St. Marys Md.
Elizabeth (widow) Holt

14. Maiden name

15. Birthplace

St. Marys

16. Informant

Adeline Isabel Butler

Address

889 St. Nicholas Ave. N.Y.C.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

Nov 9 1948
(month) (day) (year)

Cemetery or crematory

St. Joseph

Location

Maryland

18. Funeral director

W. B. Butterfield Sons

Address

Leonardtown Md.

19.

1277
(Date rec'd by registrar)48Caenalis
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys
 City or town Rural Near Laurel Grove
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 December 1948 at 4³⁰ P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5 Dec 1948 to 5 Dec 1948and that I last saw him alive on 5 Dec 1948

Immediate cause of death

Cerebrovascular accident
(hemorrhage)

DURATION

1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Roy E. Smith, M.D.
M. D. or other
Address Mechanicsville Date signed 5 Dec 48

RECEIVED

DEC 9 1948

BUREAU V. S.

Evidence for addition
of birthdate and age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12789

shown on:
FILM No. G I 18 JAN 7 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St Marys
City or town Park Hall Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Park Hall Maryland
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County St Marys
City or town Park Hall
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Albert Mathews

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife _____
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) unknown Feb. 9, 1913
8. AGE: Years 35 Months 10 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Park Hall St Marys Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business same

12. Name George Mathews

13. Birthplace St Marys Md

14. Maiden name Nancy Breece

15. Birthplace St Marys Co

16. Informant Jane Barnes

Address Leonardtown Maryland

17. Burial (Burial, cremation, or removal, Which?) Date thereof Dec 15 1948
(month) (day) (year)

Cemetery or crematory Iron Fair

Location Herrmannville Md

18. Funeral director W. C. Mattingly Son

Address Leonardtown Md

19. 12/21 19 48 _____
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 19 48 at 3 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead when first seen 19 _____
and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION _____

Hemorrhage + Hemiplegia medic

Due to Stroke medic

Due to Bleed wound

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results Hemorrhage + Hemiplegia

PHYSICIAN: Please underline the cause to which death should be charged statistically.

23. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 12/15/48

Where did injury occur? Park Hall St Marys Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Town

Means of injury Bleed wound injured at work? no

23. SIGNATURE Julius I. Lane M.D.

Address Leonardtown Md Date signed 12/20/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

DEC 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St Marys
 City or town Maddox, Maryland
 (if outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Maddox, Maryland
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys
 City or town Maddox
 (if outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

John Daniel Russell

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced6.(b) Name of husband or wife Rose Ann7. Birth date of deceased (mo., day, yr.) Feb 15 - 18798. AGE: Years 69 Months 9 Days 2 If less than one day _____ hrs. _____ min.9. Birthplace Chapin, St Marys Md
(Town, county and state)10. Usual occupation Refrigerator11. Industry or business Waterman12. Name Bernard Russell13. Birthplace St Marys Co14. Maiden name Susan Mofar15. Birthplace St Marys Co16. Informant James L. LathamAddress Hurry Md17. Burial Date thereof Dec 20 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Sacred HeartLocation Bush Wood Md18. Funeral director W. C. Mattingly SonsAddress Leonardtown Md19. 12/19 48 Registrar Cremation
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 19 48 at 9:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead when first seen 19 48 to 19 48

and that I last saw him alive on _____ 19 _____

Immediate cause of death _____ DURATION _____

Due to Fracture base of skull mediateDue to TraumaOther conditions Subarachnoid hemorrhage mediatemed. lcr. & abrad. of head

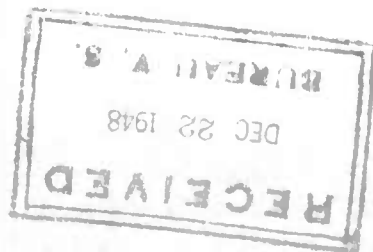
(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results Fracture base of skull Date of op. _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 12/17/48Where did injury occur? Maddox St Marys Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HighwayMeans of injury Fell off truck Injured at work? no23. SIGNATURE W. C. Mattingly M. D. or other _____Address Leonardtown Md Date signed 12/19/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12791

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's
 City or town Leonardtown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 hrs
 Hospital, institution, or street address where death occurred:
St. Mary's Hosp
 How long in hospital or institution? 9 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County St. Mary's
 City or town Patuxent River
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. VX 4 N. A. S.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Infant Scruggs

3. (b) Social Security Number

4. Sex

m

5. Color or race

w

6. (a) Single, married, widowed, or divorced

—

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Dec 22 / 48

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

9 hrs. min.

9. Birthplace

Ind
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

12/23/48
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 22 1948, at 9:38 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 22 1948, to Dec 22 1948
and that I last saw him alive on Dec 22 1948

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

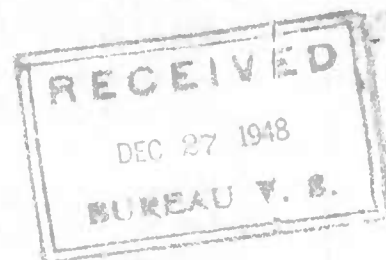
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12792

Reg. Dist. No. 28/

1. PLACE OF DEATH:

County St. Marys
 City or town Ridge (RURAL)
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St. Marys
 City or town Ridge (RURAL)
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary Ellen Turner

3. (b) Social Security Number

4. Sex female 5. Color or race colored 6.(a) Single, married, widowed, or divorced widowed

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) February 1, 1877
 6.(c) If alive, give age _____ years

8. AGE: Years 71 Months 10 Days 7 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation None

11. Industry or business _____

FATHER 12. Name Robert Handy
 13. Birthplace Maryland

MOTHER 14. Maiden name Grace Ward
 15. Birthplace Maryland

16. Informant Mary S. Shorter
 Address Ridge, Maryland

17. Burial Date thereof 12/11/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St. Lukes
Scotland, Maryland
 Location

18. Funeral director P.B. Robinson
 Address Leonardtwn, Md.

19. 12-10- 48
 (Date rec'd by registrar) 19 48
P. B. Robinson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8, 1948 at 3:15A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 12, 44 to Dec. 7, 1948
 and that I last saw him alive on December 7, 1948

Immediate cause of death	DURATION
<u>Cerebral hemorrhage</u>	<u>6 hours</u>
<u>Due to General arterio-sclerosis</u>	<u>10 years</u>
Due to _____	_____
Due to _____	_____
Other conditions _____	_____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE P. B. Robinson M. D. or other _____
 Address Great Mills, Md. Date signed 12/10/48

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED
DEC 14 1943
BUREAU V. S.